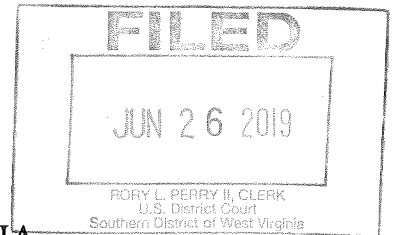


UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF WEST VIRGINIA



Joshua Gray

3613503

(Enter above the full name of the plaintiff  
or plaintiffs in this action).

(Inmate Reg. # of each Plaintiff)

**VERSUS**

**CIVIL ACTION NO.** 2:19cv00479  
(Number to be assigned by Court)

Jason Larson

(Enter above the full name of the defendant  
or defendants in this action)

**COMPLAINT**

**I. Previous Lawsuits**

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?

Yes \_\_\_\_\_

No X \_\_\_\_\_

- B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit:

Plaintiffs:

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Defendants:

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2. Court (if federal court, name the district; if state court, name the county);

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3. Docket Number: \_\_\_\_\_

4. Name of judge to whom case was assigned:

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5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

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6. Approximate date of filing lawsuit: \_\_\_\_\_

7. Approximate date of disposition: \_\_\_\_\_

II. Place of Present Confinement: Parkersburg Correctional Center

A. Is there a prisoner grievance procedure in this institution?

Yes X No \_\_\_\_\_

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes \_\_\_\_\_ No X

C. If your answer is YES:

1. What steps did you take? \_\_\_\_\_

\_\_\_\_\_

2. What was the result? \_\_\_\_\_

\_\_\_\_\_

D. If your answer is NO, explain why not: I did not want

to be targeted further. He will retaliate on me.

III. Parties

(In item A below, place your name and inmate registration number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff: Joshua Gray

Address: 225 Holiday Hills parkersburg w.v 26104

B. Additional Plaintiff(s) and Address(es): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

C. Defendant: Jason Larson  
 is employed as: Sergeant Correctional officer  
 at Parkersburg Correctional Center

D. Additional defendants: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

Sergeant Larson has been the only  
Correctional officer to give me a violation  
for rules at Parkersburg Correctional Center  
(5) five write-ups spanning no more than  
(6) six months.

Sergeant Larson has shirked his official  
capacities as shift Supervisor in order to  
sit in my living areas for extended amounts  
of time.

Sargeant Larson has made unjust, and unproven  
defamationally damaging remarks to me several  
occasions.

All of the statements previously are on video surveillance  
at parkersburg Correctional Center, to the best of my knowledge.

**IV. Statement of Claim (continued):**

Sargeant Larson treated me inhumanely during, and after the passing of my brother (Robert Gray).

Sargeant Larson has treated me disrespectfully and abused his authority regarding my placement status, and Classification.

Sargeant Larson has targeted me on numerous occasions while I was employed through Aramark as a kitchen worker.

**V. Relief**

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

Sargeant Larson to be removed from the employ of the West Virginia Department of Corrections. I also wish the court to grant me my clearance to work-release, my clearance was revoked due entirely to Sargeant Larsons targeting behavior.

V. Relief (continued)):

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VII. Counsel

- A. If someone other than a lawyer is assisting you in preparing this case, state the person's name:

John Livingston

- B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?

Yes \_\_\_\_\_

No X

If so, state the name(s) and address(es) of each lawyer contacted:

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If not, state your reasons: financially unable to  
obtain legal counsel

- C. Have you previously had a lawyer representing you in a civil action in this court?

Yes \_\_\_\_\_

No X

If so, state the lawyer's name and address:

\_\_\_\_\_  
\_\_\_\_\_

Signed this 12 day of June, 20 19.

\_\_\_\_\_  
\_\_\_\_\_

  
\_\_\_\_\_  
Signature of Plaintiff or Plaintiffs

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 6-12-19.  
(Date)

  
\_\_\_\_\_  
Signature of Movant/Plaintiff

\_\_\_\_\_  
Signature of Attorney  
(if any)



Revised: 02/2014

42 U.S.C. 1983 Complaint by Prisoner Under Civil Rights Act

**INSTRUCTIONS FOR FILING A COMPLAINT BY A  
PRISONER UNDER CIVIL RIGHTS ACT, 42 U.S.C. § 1983**

NOTICE: The Prisoners Litigation Reform Act requires prisoners to exhaust available administrative remedies before filing a suit with respect to the conditions of confinement or the effects of action by government officials on the lives of persons confined in prison. In addition, the Act requires a prisoner to pay a **\$350.00 filing fee**, and a **\$50.00 administrative fee if not granted in forma pauperis status**, although the fee may be paid in installments. You may be required to pay part of the filing fee before the case goes forward.

**These forms are not to be used for filing a Petition for Writ of Habeas Corpus, or to challenge the validity of a state conviction for a criminal offense.**

Enclosed are two copies of a Complaint form, an Application to Proceed Without Prepayment of Fees and Costs, an Explanation of Filing Fees and Proceeding Without Prepayment of Fees or Costs, and an Authorization to Release Institutional Account Information and To Pay Filing Fee.

1. Your Complaint can be brought in this Court only if one or more of the named defendants are located within the Southern District of West Virginia (counties include: Boone, Cabell, Clay, Fayette, Greenbrier, Jackson, Kanawha, Lincoln, Logan, Mason, McDowell, Mercer, Mingo, Monroe, Nicholas, Putnam, Raleigh, Roane, Summers, Wayne, Wirt, Wood and Wyoming), or if your claim arose in this District. Further, you must file a separate complaint for each claim that you have unless they are all related to the same incident or issue.
2. You must file an original complaint. Use 8½ x 11 inch paper. You must also keep a copy of the complaint for your own records. If you do not retain a copy of your complaint and later request a copy from the Court, you will be required to pay a copying fee of \$0.50 per page. Please ensure that your copy of the complaint is identical to the original. The original complaint must bear an original signature from each plaintiff. Your complaint must be legibly written or typewritten and you are required to give facts. THE COMPLAINT SHOULD NOT CONTAIN LEGAL ARGUMENTS OR CITATIONS. The plaintiff or plaintiffs must include his/her inmate registration number. If you need additional space to answer a question, you may use the reverse side of the form or an additional blank page.
3. If you have \$400.00, send a check or money order for \$400.00 per complaint payable to "Clerk, U.S. District Court." If you are unable to pay the \$400.00 filing fee, complete and sign an Application to Proceed Without Prepayment of Fees and Costs for each plaintiff (see Explanation of Filing Fees and Proceeding Without Prepayment of Fees or Costs).
4. All § 1983 complaints filed by prisoners are reviewed by a judge to determine whether the case should go forward. If the judge decides that your case will go forward, the judge will direct the Clerk to issue service of process.
5. The Clerk will serve the defendant(s) with a summons and copy of the complaint. You will receive notice of any action taken by this Court.
6. When all these forms are completed, mail them to:

Clerk, United States District Court  
P. O. Box 2546  
Charleston, West Virginia 25329

7. Documents certified as true under penalty of perjury do not need to be notarized. See 28 U.S.C. § 1746.

NOTE: If you are transferred to another institution or released from custody, you must promptly inform the Clerk of your new address. If you will be in transit for weeks or months, you must promptly inform the Clerk that you are in transit, and then inform the Clerk of your new address when you reach your designated institution.